

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial*** Statement of Organization
- ☐ This is an **amended*** Statement of Organization

IA ETHICS AND
CAMPAIGN DISCLOSURE
PM 5-15-08
JAN 15 10 50 AM '08

* An initial Statement of Organization should be filed within 10 days of the filing of the first report of contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM
DR-1

(Rev. 02/96)

STATEMENT
OF
ORGANIZATION

For Office Use Only

Comm. # 9188
Indexed _____
Audited _____
Computer XM

COMMITTEE NAME (Required by law)

Wayne County Democratic Central Committee

IMPORTANT: Indicate type of committee you are reporting for: 7

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER

(Required by law)

(This address used for all reminders and correspondence)

COMMITTEE CHAIR

(List additional officers on separate page)

Name

Marjorie L. Pyner

Mailing Address

419 E. South St.

City, State Zip Code

Corydon, Ia. 50060-1729

Home Phone (641) 872-1206Day Phone () Same

Name

Dan White

Mailing Address

1577 Hwy 22

City, State Zip Code

Humeston, Ia. 50123

Home Phone (641) 877-3600Day Phone () e-mail: jdaniew@scrisonline.com

PACs: INDICATE PURPOSE OF COMMITTEE

All Candidates Enter:

Office Sought: _____ District: _____

Political Party (if applicable) _____ Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: _____ Date of Election: _____

Bank Account Name

Corydon State Bank

Name of Financial Institution/Type of Account

Checking

Mailing Address

201 W. Jackson

City State Zip

Corydon Ia. 50060

Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Mailing Address

City State Zip

Home Phone () _____

Day Phone () _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

(Statement of intent required by law for all committees, except state parties and central committees.)

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE

(6) PRORATED REFUND TO CONTRIBUTORS

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE

(3) DONATED TO CHARITABLE ORGANIZATION

(CANDIDATES ONLY)

(specify) _____

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY)

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties (fines) under the disclosure law. I also understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

Marjorie L. Pyner

Signature of Treasurer

5-14-08

Date Signed

Signature of Candidate or Chairperson (if a PAC)

Date Signed

Angie Horton is now our
Vice-Chair.